

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		1				
4		1				
5	1					
6		3				
7		3				
8		3				
9		3				
10		3				
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TOTAL IND.	3					
TOTAL DEP.	20					
TOTAL CLAIMS	23					

	IND	DEP	IND	DEP	IND	DEP
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